DOCUMENT RESUME

ED 340 499 PS 020 222

AUTHOR Jones, Larry D.
TITLE Southeast Missouri Minority Infant Mortality Reduction Project: Healthy Mothers, Healthy Fathers, Healthy Babies.
PUB DATE 91
NOTE 10p.; Paper presented at the Annual Conference of the National Black Child Development Institute (21st, St. Louis, MO, October 22-24, 1991).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Birth Weight; Black Mothers; *Blacks; Fathers; *Health Education; Health Promotion; *Infant Mortality; Infants; Nurses; Outreach Programs; Pregnancy; Program Descriptions; *State Programs
IDENTIFIERS *Healthy Mothers Healthy Fathers Healthy Babies MO; *Missouri (Southeast); Prenatal Care

ABSTRACT

This text is designed to accompany a series of slides that present information on Missouri's attempts to reduce minority infant mortality. In Missouri, the rate of black infant mortality is twice that for whites, and blacks are twice as likely as whites to be born with low birthweight. Only 64.9 percent of black women receive prenatal care in the first trimester of pregnancy. In response to the disparity between minority and white infant mortality, the Missouri General Assembly appropriated funds to establish an infant mortality project in Southeast Missouri. Southeast Missouri was chosen because of its high infant mortality rate and minority population. To complement a mandated increase in Medicaid coverage of pregnant women, Missouri also increased its reimbursement for obstetric services. The infant mortality project, called "Healthy Mothers, Healthy Fathers, Healthy Babies," employs a community nurse who develops local coalitions, supervises community outreach workers, and develops educational materials. Indigenous minority community outreach workers recruit pregnant women into the project, distribute health and educational materials, provide assistance to individual clients, and assist in the development and implementation of health and education programs. (BC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☒ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Larry D. Jones
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

ED340499

SLIDE 1

Southeast Missouri Minority Infant Mortality Reduction Project

"Healthy Mothers, Healthy Fathers, Healthy Babies"

Abstract

Larry D. Jones

SLIDE 2

In Missouri the infant mortality rate has declined over the past few years at a slow pace. While infant mortality has declined in Missouri, the disparity between black infant mortality and white infant mortality has remained at approximately twice that of whites. This disparity in infant mortality rates between blacks and whites has become a major public health concern.

SLIDE 3

Black infants are more than twice as likely as white infants to be born with low birthweight. The fact that is most closely associated with infant mortality is low birthweight. However, black low birthweight babies have a higher survival rate than whites. The rate, though, of black low birthweight babies to whites is so high that it offsets this advantage and gives a higher death rate for blacks to white .

Compared with whites, the relative mean difference in birthweight for blacks is an estimated negative 246 grams.

SLIDE 4

Prenatal care is significantly associated with low birthweight. Complications of pregnancy are more likely to occur among women who receive no prenatal care until the third trimester or who receive no prenatal care at all. Only 64.9% black women in the United States receive prenatal care in the first trimester, and

PS 020222

BEST COPY AVAILABLE

5.2% not until the third trimester, and 1.9% of black women not at all. Prenatal care appears to have a statistically significant effect as it interacts with race and mortality .

SLIDE 5

The reduction of the disparity in infant mortality rates between blacks and whites is a major public health objective. The National Infant Mortality Study identified three factors contributing to the difference in infant mortality rates for blacks and whites.

1) Blacks have a higher percentage of low birthweight births than whites.
2) Blacks have a higher neonatal death rate among infants with births greater than 2,500 grams.
3) Blacks have a higher postneonatal death rate among infants in all birth categories.

The Department of Health and Human Services report, based on literature review, presented four major areas which need to be highlighted by public health:

1) The importance of family planning/pregnancy prevention;
2) The importance of early and continuous prenatal care;
3) The importance of aggressive outreach, case management and patient education; and
4) The importance of adequate financing for medical care.

SLIDE 6

In response to the disparity between minority infant mortality and white infant mortality, the Missouri General Assembly in 1990 appropriated funds to the Missouri Department of Health, Division of Maternal, Child and Family Health to establish a minority infant mortality project in Southeast Missouri. This funding established a community-based project to promote healthy maternal and paternal lifestyles in the Southeast Missouri area. The project is staffed by a community health nurse and contracts with local health departments for community outreach workers to develop strategies that are coordinated with other private and public agencies. The staff uses health education techniques and materials to ensure that pregnant women and corresponding fathers are provided with information to maximize the probability of delivering a healthy baby. One of the roles of the outreach workers is to recruit and identify pregnant women and corresponding fathers for the project. This project also funds a publicity campaign aimed at the target population.

SLIDE 7

The Southeast Missouri area was chosen due to its high infant mortality rate, high minority population, and the fact that it participated in the 1987-1988 Barriers to Prenatal Care Study conducted jointly by the Missouri Department of Health and the Missouri Perinatal Association.

SLIDE 8

The first criteria used to decide upon the location of this project was an epidemiological review of the perinatal health statistics for Southeast Missouri. It compared black and white rates for the area with rates for the state as a whole in such areas as infant mortality, inadequate prenatal care, teen births, smoking during pregnancy, marital status, and level of education for the periods 1984 to 1988.

In addition to these routine health status indicators being reviewed, the information gathered by the Barriers to Prenatal Care Study on behavioral and non-behavioral causes was reviewed for Southeast Missouri as compared to the state as a whole.

Objectives

- Reduce the rate of inadequate prenatal care.
- Reduce the rate of preterm and small for gestational age births.
- Reduce the incidence of unplanned pregnancies; thereby increasing the incidence of planned pregnancies.
- Increase individual awareness of personal and family choices that impact upon ones health and total well being.
- Increase the male involvement in all aspects of reproductive and family health.

With the passage of OBRA'89, the U. S. Congress mandated that states must provide Medicaid coverage to pregnant women below 185% of poverty and children below 133% of poverty up to

age six. This federal mandate has relieved the financial burden for many of the poor in Missouri.

I wish I could tell you that Medicaid expansion has solved the access issue. However, there are not enough providers in rural Missouri, and many of these providers do not feel that they can afford to accept Medicaid or, at least, the large numbers of clients on Medicaid. Missouri has attempted to aid this problem by increasing its reimbursement for obstetrical services. However, payment alone is not enough. Currently, approximately 30 percent of all births are Medicaid births, but their inadequate prenatal care rate is 36.7 percent.

In addition, the state of Missouri, through the Department of Health, began a public education and incentive program statewide to reduce infant mortality. This program will involve public education through the use of the media and the distribution of coupons that are validated by health care providers at the time prenatal care is provided. These coupons, while redeemable for goods and services, also contain health education tips relating to pregnancy and early child care. It is hoped that this program will entice young and low income women into prenatal care, provide an incentive to continue care throughout pregnancy and afterward, and assist them in entering both the health and social service systems. In order for this project to work, it will require the cooperative efforts of the media, businesses, health providers, and government.

SLIDE 9

- If infant mortality is a public health concern, and especially black infant mortality, since it is approximately twice the rate of white infant mortality;
- If low birthweight is a significant cause of infant mortality and is much higher among black infants than white; and
- If the amount of prenatal care significantly affects low birthweight and thus infant mortality and the rate of inadequate prenatal care among black women in Missouri is almost three times as high as among white women;
- Then how are we going to impact inadequate prenatal care and, thus, low birthweight and infant mortality?

There are a number of alternatives which have already been implemented. All women need to receive adequate prenatal care.

SLIDE 10

The Missouri Department of Health has made infant mortality a top priority and is funding Healthy Mothers, Healthy Fathers, Health Babies in the Southeast "Bootheel" area. This project employs indigenous minority outreach workers to work with pregnant women, significant others, and their families in obtaining prenatal care and other services to help with the reduction of infant mortality among the black community. This project places major emphasis on community education, improved access to prenatal care, and to the establishment of community support services.

This project is a complex cooperative effort between the Missouri Department of Health, Division of Maternal, Child and Family Health, the Southeast Missouri District

Health Office, the local health departments of the Bootheel area, the Missouri Minority Health Infant Mortality Committee, and public and private agencies and individuals located in the five-county area of the Bootheel. Funding for the project is by appropriation by the General Assembly to the state's Division of Maternal, Child and Family Health, which employs a full-time community health nurse and secretary in the Southeast Missouri District Health Office under the supervision of the district administrator and district nursing supervisor. In this role, the community health nurse:

- Established a working relationship with individuals, service agencies, health care providers, organizations, schools, industries, etc., to aid in initiating this project and developing resources for clients;

- Developed supportive coalitions within local areas to provide local input and aid in the promotion and participation in the project;

- Provided technical and support supervision and coordination of community outreach workers in programmatic areas in cooperation with local health departments;

- Assisted with the development and utilization of appropriate educational materials to enhance the project; and

- Provides a monthly summary of all county program activities to the Department of Health, Bureau of Perinatal and Child Health.

Under the leadership of the community health nurse and the district administrator, contractual agreements were entered into with the local health departments of Southeast Missouri for an outreach worker in each of the offices, either full- or part-time, to perform the following job duties:

- Contact industries, agencies, organizations, churches, and individuals to locate and recruit pregnant women and corresponding fathers into the project;

- Distribute educational and health promotion materials through local health departments, community organizational, individuals and others as necessary;

- Provide follow-up and assistance with individual referrals and client appointments at the direction of the community health nurse and notify the

community health nurse if appointments are not available or unable to obtain for further follow-up;

- Assist with the development and implementation of health promotion and health education programs, at the direction of the community health nurse; and

- Participate in required orientation programs for community outreach workers.

Together, this staff worked with the project participants and the community to develop methodologies that impacted infant mortality in Southeast Missouri. A major organizational strength for this project is the dedication of the district administrator, the district nursing staff, and the administrators of the five local health departments. They are all well trained in problem-solving and help the staff with on-the-job training and support.

SLIDE 11

SLIDE 12

B. J. Whiffen the nursing coordinator for this project is now going to explain in detail about the projects development and then Annie Harris outreach worker from New Madrid County and Phyllis Rowe outreach worker from Scott County will share with your their work and some examples of help they have provided.